

State Agency Buyer
Authorized Counter Sales Purchaser Form

Date: _____

Agency Number: _____

Agency Name: _____

Telephone: _____ Fax: _____

The following person(s) are authorized to purchase state surplus property:

☐ Add Name: _____
☐ Delete Address: _____
City: _____ State: _____ Zip: _____
Drivers License #: _____
Signature*: _____

☐ Add Name: _____
☐ Delete Address: _____
City: _____ State: _____ Zip: _____
Drivers License #: _____
Signature*: _____

☐ Add Name: _____
☐ Delete Address: _____
City: _____ State: _____ Zip: _____
Drivers License #: _____
Signature*: _____

☐ Add Name: _____
☐ Delete Address: _____
City: _____ State: _____ Zip: _____
Drivers License #: _____
Signature*: _____

☐ Add Name: _____
☐ Delete Address: _____
City: _____ State: _____ Zip: _____
Drivers License #: _____
Signature*: _____

Date: _____
Property _____
Manager: _____

*By signing I declare and state that I have read and understood the rules and regulations governing the purchase of surplus property as set forth in the Louisiana State Property Control Regulations.